

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 539063

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3	2						
4	4						
5	1						
6	6						
7	1						
8	1						
9	6						
10	4						
11	1						
12	6						
13	1						
14	3						
15	1						
16	1						
17	1						
18	1						
19	2						
20	1						
21	1						
22	1						
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			29				
TOTAL CLAIMS			30				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							